



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 09/01/2011 (mm/dd/yyyy format)

Year End: 08/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0023 ; T-T023

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$519349081  |
| Outpatient Patient Service Revenue  | \$585300221  |
| Total Gross Patient Service Revenue | \$1104649302 |

#### 2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$638169538 |
| Other Deductions      | \$71691138  |
| Total Deductions      | \$709860676 |

#### 3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$394788626 |
| Other Operating Revenue     | \$9034245   |
| Total Operating Revenue     | \$403822871 |

#### 4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$116694452 | Employee Benefits | \$25175643  |
| Depreciation and Amortization | \$23492862  | Interest Expense  | \$14898275  |
| Bad Debt                      | \$0         | Other Expenses    | \$202295586 |
| Total Operating Expenses      | \$382556818 |                   |             |

#### 5. Net Revenue and Expenses

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$21266053 | Total Assets      | \$481691126 |
| Net Non-operating Gains over Loss | \$2327598  | Total Liabilities | \$337069899 |
| Total Net Gains                   | \$23593651 |                   |             |

### Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|
|----------------|-----------------------|-----------------------|-------------------------------|

|                  |              |             |             |
|------------------|--------------|-------------|-------------|
| Medicare         | \$517424868  | \$365756819 | \$151668049 |
| Medicaid         | \$153395062  | \$125474584 | \$27920478  |
| Other Government | \$0          | \$0         | \$0         |
| Other State      | \$18673266   | \$16878765  | \$1794501   |
| Other Payers     | \$343464968  | \$130059370 | \$213405598 |
| Total            | \$1032958164 | \$638169538 | \$394788626 |

### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$222177                    | \$-222177               |

### Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$5500                     | \$193625                    | \$-188125               |

### Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$2825864                  | \$9311830                   | \$-6485966              |
| Hospital Patients     | \$0                        | \$755663                    | \$-755663               |
| Community Education   | \$0                        | \$17254                     | \$-17254                |

|   |        |
|---|--------|
| Number of Medical Professionals Trained                 | 1530   |
| Number of Hospital Patients Educated                    | 315698 |
| Number of Citizens Exposed to Health Education Messages | 10026  |

### Statement Six: Charity Statement

|                          |            |
|--------------------------|------------|
| Hospital Charity Charges | \$35088594 |
|--------------------------|------------|

|                           | Payments from<br>Clients | Less Costs to<br>Hospital | Unreimbursed<br>Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care              | \$0                      | \$11952910                |                                   |
| HCI Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$11952910                | \$-11952910                       |
| Medicaid Shortfalls       | \$0                      | \$32103675                |                                   |
| Subtotal                  | \$0                      | \$44056585                | \$-44056585                       |
| DSH Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$44056585                | \$-44056585                       |
| Medicare Shortfalls       | \$0                      | \$178041614               |                                   |
| Other Government Programs | \$0                      | \$0                       |                                   |
| Total                     | \$0                      | \$222098199               | \$-222098199                      |

### Statement Seven: Subsidized Health Services for the Community

|                      | Estimated<br>Incoming<br>Revenue | Estimated<br>Outgoing<br>Expenses | Net Dollar Gain or<br>Loss |
|----------------------|----------------------------------|-----------------------------------|----------------------------|
| Community Programs   | \$0                              | \$6645357                         | \$-6645357                 |
| Community Assessment | \$0                              | \$0                               | \$0                        |
| Provision of Taxes   | \$0                              | \$896423                          | \$-896423                  |
| Other Allocations    | \$0                              | \$0                               | \$0                        |